

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. : 10/748,432 Confirmation No. 7856
Applicant : Roe, Charles R.
Filed : December 30, 2003
TC/A.U. : 1614
Examiner : Weddington, Kevin E.
Docket No. : BHCS:1006RCE
Customer No. : 34,725
Title : Fatty Acid Nutritional Supplement

Mail Stop PETITION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Refund Ref: 10/04/2006 0030034952

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PETITION TO MAKE SPECIAL UNDER 37 CFR § 1.102(c)(1)

Dear Sir.

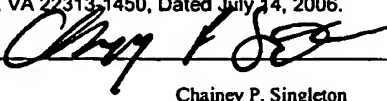
Applicant Dr. Charles Roe is over 65 years of age as evidenced by his driver's license attached hereto and made a part hereof by reference in Exhibit A. Applicants respectfully request the aforementioned application be made special and advanced out of turn for examination under 37 CFR § 1.102(c)(1) according special status base upon an applicant's age or health.

If the Examiner has any questions or comments, or if further clarification is required, it is requested that the Examiner contact the undersigned at the telephone number listed below.

07/18/2006 JBALINRN 00000082 10748432

01 FC:1464 130.00 OP

Adjustment date: 10/04/2006 CKHLOK
07/18/2006 JBALINRN 00000082 10748432
01 FC:1464 -130.00 OP

Certificate of Transmission 37 CFR 1.8	
I hereby certify that this correspondence is being deposited with the United States Postal Service, with sufficient postage, as First Class Mail in an envelope addressed to: Mail Stop PETITION Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Dated July 14, 2006.	
Signature	
Chailey P. Singleton	
Typed or printed name of person signing certificate	

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: 10/03/06		2 Serial/Patent # 10/748,432										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
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<input checked="" type="checkbox"/>	Petition		07/17/06	\$ 130.00								
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CHALKER FLORES, LLP 2711 LBJ FRWY, SUITE 1036 DALLAS, TX 75234		7 TOTAL AMOUNT OF REFUND		\$ 130.00								
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10 REASON:		<input checked="" type="checkbox"/>	Treasury Check									
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
<input checked="" type="checkbox"/>	No Fee Due (Explanation):											
No petition fee required under 37 CFR 1.102(c)(1)												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: Denise Pothier		TITLE: Petitions Examiner										
SIGNATURE: <i>Denise Pothier</i>		PHONE: 2-4787										
OFFICE: Office of Petitions												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <i>Dany Khbks</i>		DATE: 10/4/06										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: